MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04002

4913

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fairmount
LENGTH OF STAY (in this place) 87 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Capt. (Middle) Ernest (Last) Cox

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 29, 1868

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired oyster packer & farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairmount, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Cox.

14. MOTHER'S MAIDEN NAME: Caroline Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mr. Sherwood Cox Westover, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
3317 IMMEDIATE CAUSE	(A) Cerebral hemorrhage	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Gen. arteriosclerosis	10 years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Carcinoma of prostate	2 yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1955, to 3/30, 1955, that I last saw the deceased alive on 3-30, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Robert F. Lewis M. D. ADDRESS Crisfield, Md. DATE SIGNED 4-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 4-10-1955

NAME OF CEMETERY OR CREMATORY Muir Cemetery

LOCATION (City, town, or county) (State) Fairmount, Md.

DATE REC'D BY LOCAL REGISTRAR 4/9/55

REGISTRAR'S SIGNATURE R. L. Johnson M.D.

24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04003

4014

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Ewell

LENGTH OF STAY (in this place): 65 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Smith Island

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ewell X

STREET ADDRESS (If rural give location): Smith Island /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELLA	JANE	EVANS	April 3 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married	March 22, 1872	83 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Tangier Island, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gilbert Dize	Pothanna Eskridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no —	—	John A. Evans—Ewell, Smith Island, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 421.4	(a) Cardiac decompensation	3 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (260X)	DUE TO (b) Valvular insufficiency	many yrs.
	DUE TO (c) Arteno-sclerosis	10 yrs. +
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dia betes Mellitus	1 yr.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from March, 1954, to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Barbara Hunt	M.D.	Ewell, Md.	4/3/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	April 6, 1955	Ewell Cemetery	Ewell, Smith Island, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-6-55	Betty W. Tyler	Bradshaw & Sons	531 Main St.-Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04004

4915

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rehoboth Md
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island
STREET ADDRESS (If rural give location) Md

3. NAME OF DECEASED: (First) KATE (Middle) E. (Last) GRAHAM
4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Nov - 4 - 1876
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours — Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Duties
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DANIEL WEBSTER
14. MOTHER'S MAIDEN NAME: JULIA WEBSTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Linwood Marvel - daug. Rehoboth Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: I 20.1 (A) Coronary Condition — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Myocarditis, Chronic

DUE TO (C) Ant Nephritis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1951, to April 24, 1955, that I last saw the deceased alive on Apr. 24, 1955, and that death occurred at 8:00 P.M, from the causes and on the date stated above.

SIGNATURE George C Coulbourn M. D. ADDRESS Marion Sta. Md DATE SIGNED April 25-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4/26/55 + 57 — NAME OF CEMETERY OR CREMATORY James ME Cemetery — LOCATION (City, town, or county) (State) Deal Island Md

DATE REC'D BY LOCAL REGISTRAR April 25, 1955 — REGISTRAR'S SIGNATURE Nellie D. Rayne

24. FUNERAL DIRECTOR J W Webster — ADDRESS Deal Island Md

4216 04005

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
LENGTH OF STAY (in this place): minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Highway 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Pocomoke 23-42-2
STREET ADDRESS (If rural, give location): 713 Cedar St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) B. (Last) HANCOCK

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	April 17, 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Captain (Sea)	Shipping	Maryland	USA

13. FATHER'S NAME: Major Whittington Hancock

14. MOTHER'S MAIDEN NAME: Sarah Jane Tull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No — None	213-22-7055	Pauline G. Hancock, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

825X

Immediate cause (a) Broken neck - Crushed Chest right side — INTERVAL BETWEEN ONSET AND DEATH: 0

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Internal Injuries - Fracture right forearm

DUE TO

(c) Fracture right leg -

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Highway 13	Westover R.F.D. Somerset Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
April 1-55 3:20 P.M.		Automobile Accident Highway 13.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: R. S. Johnson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
M. D.

DATE SIGNED: April 4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-4-55	Baptist Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/4/55	R. S. Johnson, M. D.	Henry H. Watson, Pocomoke, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04006

4017

CERTIFICATE OF DEATH

Reg. Dist. No. 360

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Manokin
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manokin X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Walter (Middle) Sherfey (Last) Hood

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Washington, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Newman Hood

14. MOTHER'S MAIDEN NAME: Ida Farnsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Lucy Hood Manokin, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial Insufficiency — 2 yrs

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Artery Heart Disease — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension, essential Rheumatic Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23/53, 19..., to 4/7/54, 19..., that I last saw the deceased alive on 4/2/55 19..., and that death occurred at 7:30 A. M. from the causes and on the date stated above.

SIGNATURE David R. Gehman M. D. ADDRESS Salisbury, Md. DATE SIGNED April 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-7-1955 | NAME OF CEMETERY OR CREMATORY Amawalk Cemetery | LOCATION (City, town, or county) (State) Amawalk, New York

DATE REC'D BY LOCAL REGISTRAR 4/5/55 | REGISTRAR'S SIGNATURE K. L. Johnson, M.D. | 24. FUNERAL DIRECTOR ADDRESS Levin R. Wilson Princess Anne, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04007

4918

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X R.F.D. Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Cash Corner Section

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Crisfield X
STREET ADDRESS (If rural give location) Cash Corner Section 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) HORSEY

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: June 6, 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): R.F.D. Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Horsey

14. MOTHER'S MAIDEN NAME: Mary Jane Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Blanche D. Horsey--R.F.D. Crisfield, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X IMMEDIATE CAUSE (A) Ruptured Esophageal Varix — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Metastasis

DUE TO (C) Carcinoma of Bladder — 8 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9/3/54

19B. MAJOR FINDINGS OF OPERATION: Papillary Carcinoma of Bladder Grade III & IV

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1955, to 4/30, 1955, that I last saw the deceased alive on 4/29, 1955, and that death occurred at 9:30 a. M, from the causes and on the date stated above.

SIGNATURE A. N. Barr, M.D. M. D. ADDRESS Crisfield Md. DATE SIGNED 5/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF May 2, 1955 | NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 5/2/55 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons-531 Main St.-Crisfield,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04008

4019

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marumsco
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) James (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1955.

5. SEX: M. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: April 17 1873 | 9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Marsh Sta., Som. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Johnson | 14. MOTHER'S MAIDEN NAME: Mary Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs. Helen Johnson — 1923 Madison St. Phila. Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Disease (Occlusion)

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arterio Sclerosis.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from He was dead before 19.. to ..19.. that I last saw the deceased alive on ..19.. and that death occurred at 5300 M, from the causes and on the date stated above.

SIGNATURE M. D. W. H. Coulbourn | ADDRESS Crisfield Md. | DATE SIGNED Apr 22-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 23, 1955 | NAME OF CEMETERY OR CREMATORY Asa John Wesley | LOCATION (City, town, or county) (State) Fort Norris, Cumberland, N.J.

DATE REC'D BY LOCAL REGISTRAR Apr. 22, 1955 | REGISTRAR'S SIGNATURE Nellie D. Payne | 24. FUNERAL DIRECTOR Charles H. Ward | ADDRESS Marion Sta., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04009

4020

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY SOMERSET MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ORIOLE
LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ORIOLE
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FREDERICK (Last) LANE

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 9/22/1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR

10B. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): SOMERSET COUNTY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM LANE

14. MOTHER'S MAIDEN NAME: MARIA WATERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 157-07-4428

17. INFORMANT & ADDRESS: BESSIE LANE ORIOLE, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

350X IMMEDIATE CAUSE (A) DUE TO Paralysis Agitans — 1954

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO — 1 year

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cholecystitis — 15 mths

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22nd, 1954, to April 20 1955, that I last saw the deceased alive on April 11, 1955, and that death occurred at 10:00 M, from the causes and on the date stated above.

SIGNATURE Elbert G. Mackoman M. D. ADDRESS Princess Anne Md DATE SIGNED 4-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 4/24/55

NAME OF CEMETERY OR CREMATORY ST JAMES

LOCATION (City, town, or county) (State) ORIOLE, MD

DATE REC'D BY LOCAL REGISTRAR 4/22/55

REGISTRAR'S SIGNATURE R. V. Johnson, M.D.

24. FUNERAL DIRECTOR William H Jones Jr. ADDRESS Princess Anne Md

27

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04010

CERTIFICATE OF DEATH

4010

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Jacksonville Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) McGrath

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 21, 1886

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months 4 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Home construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: L. Sidney McGrath

14. MOTHER'S MAIDEN NAME: Sarah E. Cox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-16-3267

17. INFORMANT & ADDRESS: Mrs. Addie Mills McGrath, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Colon — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Apr. 22, 1955, that I last saw the deceased alive on Apr. 22, 1955, and that death occurred at 6:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sarah M. Peyton M.D Crisfield, Md Apr. 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 25 1955

NAME OF CEMETERY OR CREMATORY Sunny Ridge

LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-25-55

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04011

4021

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Crisfield
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 39
STREET ADDRESS (If rural give location): Asbury Ave, Crisfield

3. NAME OF DECEASED: (First) Baby (Middle) (Girl) (Last) Murray

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 30, 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 2 Min. 40

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kevin Murray

14. MOTHER'S MAIDEN NAME: Mary Ellen Kerse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John K. Murray, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

776X Immediate cause (a) Prematurity — Few Min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Premature Labor — 6 hrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1955, to 4/30, 1955, that I last saw the deceased alive on 4/30, 1955, and that death occurred at 10 20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. R. Barr, M.D. ADDRESS: Crisfield, Md. DATE SIGNED: 5/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: May 2, 1955 NAME OF CEMETERY OR CREMATORY: Calvary Cemetery LOCATION (City, town, or county) (State): Queens Co. Long Island, N.Y.

DATE REC'D BY LOCAL REGISTRAR: 5/1/55 REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Durward Q. Covington, Crisfield, Md.

2045266220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04012

4011

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooklyn, Crisfield

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 211 Main Street

3. NAME OF DECEASED: (First) Charles (Middle) Ross (Last) Payne
4. DATE OF DEATH: (Month) April (Day) 27, (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 18, 1892
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 3 Days 9 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Tangier, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Nathan Payne
14. MOTHER'S MAIDEN NAME: Malinda Evans
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 223-24-2643
17. INFORMANT & ADDRESS: Maggie E. Payne, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Natural Cause Death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

Was Dead when I arrived
SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Wm H Coulbourn MD Crisfield-Md 4.28.55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 30, 1955
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 4-29-55
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04013

CERTIFICATE OF DEATH

4022

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne Md
STREET ADDRESS (If rural give location) Church St.

3. NAME OF DECEASED: (Type or Print) (First) Omar (Middle) McKendry (Last) Scott

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Feb 5 1883 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman - Salesman | 10B. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Scott

14. MOTHER'S MAIDEN NAME: Lucy Gaylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Margaret Scott Princess Anne

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
156.1 IMMEDIATE CAUSE	(A) Coronary Thrombosis	1 hr
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Chronic Myocarditis	2 yr
	DUE TO (C) Cancer of Liver	1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to Apr, 1955, that I last saw the deceased alive on Apr 1, 1955, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

SIGNATURE B. Frank Figanta M. D. | ADDRESS Princess Anne | DATE SIGNED Apr 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 4, 1955 | NAME OF CEMETERY OR CREMATORY Episcopal Cemetery | LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/4/55 | REGISTRAR'S SIGNATURE R. S. Johnson, M.D. | 24. FUNERAL DIRECTOR James Heckman | ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

4023 04014

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

Item 8, FilmG180 4-21-55 e t

1. PLACE OF DEATH: COUNTY SOMERSET MARYLAND ✓
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD
LENGTH OF STAY (in this place) 2 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCREADY MEM. HSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA COUNTY PHILA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PHILA 75X-3
STREET ADDRESS (If rural give location) 5306 BERKS ST ✓

3. NAME OF DECEASED: (First) FRANK (Middle) S (Last) ORKEN
4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	WIDOWED	7-15-1881	73 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
METALSMITH	SHIPBUILDING	RUSSIA (FOREIGN)	USA

13. FATHER'S NAME: FRANK SORKEN
14. MOTHER'S MAIDEN NAME: GOLDIE LEVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO HO		CAPT. RL SORKEN CRISFIELD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Carcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 years +

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-3-55	Prolapse of rectum, Metastasis of malignancy to bladder & adjacent structures	YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1955, to 4-8, 1955, that I last saw the deceased alive on 4-8, 1955, and that death occurred at 5:30 P M, from the causes and on the date stated above.

SIGNATURE C. Rawley M. D. — ADDRESS Crisfield Md — DATE SIGNED 4-9-55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4-10 55	MT SHARON	SPRINGFIELD PA

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/9/55	Betty W. Tyler	Jacob Rosen & Son	423 Pine

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04015

4012

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 327 Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 327 Chesapeake Ave

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Willard (Last) Walston, 3rd

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: July 23, 1953

9. AGE Last birthday: 1 yrs. IF UNDER 1 YEAR: Months 9 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Willard Walston, Jr.

14. MOTHER'S MAIDEN NAME: Irene Riggin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Walter W. Walston, Jr. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.0

Immediate cause (a) accident Piano fell over on him

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Fractured Skull, Bruised Chest, Internal injury and

DUE TO (c) Spinal Injury.

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office building, etc.) Home

CITY OR TOWN (COUNTY) (STATE) Crisfield Somerset Md.

TIME OF INJURY (Month) (Day) Apr 26 (Year) (Hour) 10:55 a.m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? Piano turned over on Master Jr.

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ..., from the causes and on the date stated above.

He was dead before I was called.

SIGNATURE (Degree or title) Wm H Coulbourn M.D. ADDRESS Crisfield Md. DATE SIGNED 4-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 28, 1955

NAME OF CEMETERY OR CREMATORY Sunny Ridge

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 4-28-55

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

VS. A15

4224

04016

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover R.F.D. Rural
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Venton. X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) B. (Jones) (Last) White

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Married	July 4-1934	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Factory Hand	Chicken Canning	Venton	U.S.A.

13. FATHER'S NAME: Charley Jones

14. MOTHER'S MAIDEN NAME: Elsie Byrd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No		Linwood White Venton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

981X
Immediate cause (a) Dead When I saw her Death
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) due to that gun Wound left Chest
DUE TO
(c) Over heart

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Woods	21c. (City or town) Westover R.F.D. (County) Somerset (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 1-55 5:00 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Shot by her Ex Friend.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐.

SIGNATURE R. F. Johnson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED April 4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 5 1955	Grace M. E.	Venton, Somerset Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/4/55	R. F. Johnson, M. D.	Charles H. Ford	Marion Sta., Md.

GT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04017

4725 **CERTIFICATE OF DEATH** Reg. Dist. No. 760

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt Vernon
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Mt. Vernon

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Vernon X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) J. (Last) Wilson

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 2 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Hopkins

14. MOTHER'S MAIDEN NAME: Henerette Taylor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: James Wilson Salisbury Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 7 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerosis — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3, 1955 to 12/10, 1953 that I last saw the deceased alive on 12-10 1953 and that death occurred at 9 P M, from the causes and on the date stated above.

SIGNATURE Leo M Dunn ADDRESS M. D. Princess Anne Md DATE SIGNED 4-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 4/10/55 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) Mt Vernon (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/9/55 — REGISTRAR'S SIGNATURE R. S. Johnson, M.D. — 24. FUNERAL DIRECTOR — ADDRESS James Henman Princess Anne, Md

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VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING